

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0093905

DOCUMENT # N02000006276

1. Entity Name

CORVETTE CRUISERS, INC.

SUNSET CORVETTE CLUB, INC.



FILED

03 MAY -8 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10410 TAMI TRAIL
HUDSON FL 34669

Mailing Address

10410 TAMI TRAIL
HUDSON FL 34669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4209736

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HAY, CEDRIC P ESQ.
12312 U.S. HIGHWAY 19 N
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME POULIN, EDMUND R
STREET ADDRESS 10410 TAMI TRAIL
CITY-ST-ZIP HUDSON FL 34669

TITLE ☐ Delete
NAME GOLDBERG, NATHAN
STREET ADDRESS 4339 CRESTWOOD BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete
NAME HINES, DARLENE
STREET ADDRESS 5605 FLORA AVENUE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE ☐ Delete
NAME HURST, MARION
STREET ADDRESS 4522 ZACK DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600019575666
CITY-ST-ZIP 05/20/03--01045--030 **\$1.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDMUND R. POULIN

4/22/03 727-919-6884

CR2E037 (10/02)